## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P93000068806 (7)

CABLE AD SALES, INC.

## **FILED** Feb 11 1997 8:00am Secretary of State



9042 STATE ROA DAVIE FL 33324	of Business ND 84	Mailing Address 9042 STATE ROAD 84 DAVIE FL 33324-4417				Incorporated or Qualific		e of Last F	teport
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI N	umber	Ade	<del></del>	oplied For
21 10283 NU	u 46th Street	26 10283 NW	Yb+n :	<del>/</del>	65-6	0451557		\ <del></del>	ot Applicable
Suite, Apt #,	etc	Suite, Apt. #, etc.			5. Certific	cate of Status Desired			Additional equired
City & State 23 Sun r/s	e. Fl.	City & State  28 Sunris C	El.			on Campaign Financing	, L		May Be to Fees
Zip	Country	Zip	Countr	'y		orporation has liability	for intangible		
24 3335/	25 USA	29 3335/	30 US	A		a Statutes		No	
	9. Name and Address of Curre	ent Registered Agent			10. Name	and Address of New	Registered #	gent	
	(a, bob		81	Name	LODNE	Y LAMPERT	•		
	WEST 76TH STREET		8;	2 Street Addre	ess (P.O. Bo	x Number is Not Accer	otable)		
HIALE	AH FL 33016			102	183 N	W YETH SH	<u>ret</u>		
			83	3	•				
			84	4 City C				<b>65</b> Zip	Code
				J 740	neise	· · · · · · · · · · · · · · · · · · ·	FL	] ] 33	35/
office or rec	the provisions of Sections 607.05 distored agent, or both, in the Stat	te of Florida. Such change was	: authorized b	ny the comonati	xoration submition's board o	nits this statement for that directors. I bereby as	ne purpose of ecept the app	changing i detment as	ts registered registered
agent. I apri	familiar with, and accept the obli-	gations of, Section 607.0505; F	lorida Statute	95.		, , , , , , , , , , , , , , , , , , , ,	1 1		
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SIGNATURE	. 1 C _ C	RODNEY LAMPERT		DENT 4	Secreti				
\$il	grature typical or punited value of regulation at	gent and title if applicable. (NC	OTE: Registered A	gent signature require	red when reinstatin	10)	DATE	DISCOTO	20.01.10
12.		gert and title if applicable. (NC ND DIRECTORS	TE: Registered A	gent signature require	red when reinstatin	ONS/CHANGES TO O			
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information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if planged, or on an attachment with an address

SIGNATURE:

0282882